

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39284

BIRTH NO. 708750		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 2873	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Missouri</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington 0362</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>724 West 7th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LINDA</u> b. (Middle) <u>JANE</u> c. (Last) <u>PINNELL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>11 28 1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>2-26-1950</u>	
9. AGE (In years last birthday) <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grand-niece</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leslie Pinnell</u>				13b. MOTHER'S MAIDEN NAME <u>Georgie Bell</u>		14. NAME OF HUSBAND OR WIFE <u>Leslie Pinnell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leslie Pinnell</u> ADDRESS <u>Washington, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Edema</u> DUE TO (c) <u>Congenital HEART TRANSPOSITION OF GREAT VESSELS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>None</u>			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 7, 1950</u> , to <u>Nov 28, 1950</u> , that I last saw the deceased alive on <u>Nov. 28, 1950</u> , and that death occurred at <u>4:02 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul H. George M.D.</u>				23b. ADDRESS <u>6420 Clayton St. Mo. 65</u>		23c. DATE SIGNED <u>11/28/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-29-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Francis Borgia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/28/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Janske M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter R. Janske</u> ADDRESS <u>Washington, Mo.</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

W. W. W. W. W.

Licensed Embalmer No. 4511

P. O. Address Washington, Missouri

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.